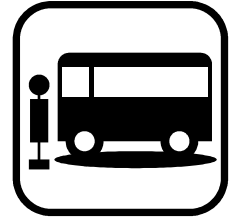


# BUS VOUCHER CONTACT FORM



Submit form to [leslie.grigsby@phs.hctx.net](mailto:leslie.grigsby@phs.hctx.net) at the beginning of each contract term. This form can be downloaded from [www.hcphtx.org/rwga](http://www.hcphtx.org/rwga) (under Grants Management, Forms & Instructions). **Changes to Agency Contact or staff who distribute bus vouchers should be reported on this form and submitted to [leslie.grigsby@phs.hctx.net](mailto:leslie.grigsby@phs.hctx.net).**

<b>AGENCY NAME:</b>				
<b>CONTACT PERSON:</b> (List one main contact staff)				
<b>PHONE #:</b>				
<b>FAX #:</b>				
<b>EMAIL ADDRESS:</b>				
Will Contact be responsible for the physical storage of vouchers?		YES		NO
Will Contact distribute vouchers to clients?		YES		NO
Will Contact distribute vouchers to Case Management staff?		YES		NO
Is Contact responsible for inventory management of vouchers?		YES		NO
Does Contact have "rights" to run CPCDMS reports ( <b>required</b> )?		YES		NO

\_\_\_\_\_  
NAME OF SUPERVISOR (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**All contacts must attend an annual orientation session as required by Ryan White Grant Administration. Staff who distribute bus vouchers may also be required to attend an annual training session as requested by RWGA Grants Mgmt.**

List all staff who distribute bus vouchers & provide the information requested below.

NAME	TITLE (i.e., SLW, MCM, etc.)	EMAIL ADDRESS